

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA  
2001/02  
FORM

460

Page 1 of 27

For Official Use Only

Statement covers period

from 01/01/2019

through 03/31/2019

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

☒ General Purpose Committee

- ☒ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☐ Pre-election Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)

- ☐ Quarterly Statement  
☒ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1243091

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
EdVoice for the Kids PAC

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	<u>(916)448-3868</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	

OPTIONAL: FAX/E-MAIL ADDRESS  
916-448-5620 / fppc@bmhlaw.com

## Treasurer(s)

NAME OF TREASURER  
Thomas W. Hiltachk

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	<u>916-442-7757</u>

NAME OF ASSISTANT TREASURER, IF ANY  
Ashlee N. Titus

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	<u>916-442-7757</u>

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/25/2019 By Thomas W. Hiltachk  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

Recipient Committee  
Campaign Statement  
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 27

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Committee**

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2019 through 03/31/2019	<b>CALIFORNIA FORM 460</b> Page 3 of 27 I.D. NUMBER 1243091
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

EdVoice for the Kids PAC

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$99,000.00	\$99,000.00
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$99,000.00	\$99,000.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$99,000.00	\$99,000.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$48,530.11	\$48,530.11
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$48,530.11	\$48,530.11
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$1,792.54	\$7,705.09
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$50,322.65	\$56,235.20

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$211,748.30	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$99,000.00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$2,492.50	
15. Cash Payments .....	Column A, Line 8 above	\$48,530.11	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$264,710.69	
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$0.00	

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$7,705.09

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A






## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2019		
through 03/31/2019		Page 4 of 27
NAME OF FILER EdVoice for the Kids PAC		I.D. Number 1243091

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/14/2019	Carrie Walton Penner Menlo Park, CA 94025 Memo Reference: INC1458	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Homemaker	\$7,800.00	\$37,800.00	
2/14/2019	Carrie Walton Penner Menlo Park, CA 94025 Memo Reference: INC1459	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Homemaker	\$30,000.00	\$37,800.00	
2/15/2019	Doris F. Fisher Redwood City, CA 94065 Memo Reference: INC1461	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A None	\$7,800.00	\$7,800.00	
2/15/2019	John J. Fisher Redwood City, CA 94065 Memo Reference: INC1462	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pisces Inc. Investor	\$7,800.00	\$7,800.00	
2/15/2019	Laura M. Fisher Redwood City, CA 94065 Memo Reference: INC1463	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Homemaker	\$7,800.00	\$7,800.00	

**SUBTOTAL**

### Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$99,000.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$99,000.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		<b>CALIFORNIA FORM 460</b> Page <u>5</u> of <u>27</u> I.D. Number 1243091
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
EdVoice for the Kids PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/20/2019	Frank Baxter Los Angeles, CA 90025 Memo Reference: INC1466	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$7,800.00	\$7,800.00	
2/20/2019	Bill Bloomfield Manhattan Beach, CA 90266 Memo Reference: INC1465	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$22,200.00	\$30,000.00	
2/20/2019	Bill Bloomfield Manhattan Beach, CA 90266 Memo Reference: INC1464	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$7,800.00	\$30,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>				\$99,000.00		

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 01/01/2019  
through 03/31/2019

**CALIFORNIA FORM 460**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
EdVoice for the Kids PAC

I.D. NUMBER  
1243091

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	

## SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 01/01/2019 through 03/31/2019	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
EdVoice for the Kids PAC

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
EdVoice for the Kids PAC

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
 IND - Individual  
 COM- Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee



# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	01/01/2019		
through	03/31/2019	Page 9 of 27	
		I.D. NUMBER 1243091	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
EdVoice for the Kids PAC

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/28/2019	Payee Name: Kiley for Senate 2019 Candidate Name: Kevin Kiley State Senator District 1 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,700.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/14/2019	Payee Name: Muratsuchi for Assembly 2020 Candidate Name: Al Muratsuchi State Assembly Person District 66 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/14/2019	Payee Name: Buffy Wicks for Assembly 2020 Candidate Name: Buffy Wicks State Assembly Person District 15 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

## Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$34,200.00
2. Unitemized contributions and independent expenditures made this period of under \$100	\$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	<b>TOTAL</b> \$34,200.00

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2019

through 03/31/2019

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER  
 EdVoice for the Kids PAC

I.D. NUMBER  
 1243091

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/14/2019	Payee Name: Mike McGuire for State Senate 2022 Candidate Name: Mike McGuire State Senator District 02 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/14/2019	Payee Name: Berman for Assembly 2020 Candidate Name: Marc Berman State Assembly Person District 24 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/14/2019	Payee Name: Limon for Assembly 2020 Candidate Name: Monique Limon State Assembly Person District 37 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/14/2019	Payee Name: Wilk for Senate 2020 Candidate Name: Scott Wilk State Senator District 21 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from <u>01/01/2019</u>		
through <u>03/31/2019</u>		Page <u>11</u> of <u>27</u>
NAME OF FILER EdVoice for the Kids PAC		I.D. NUMBER 1243091

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/14/2019	Payee Name: Glazer for Senate 2020 Candidate Name: Steve Glazer State Senator District 07 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/14/2019	Payee Name: Robert Rivas for Assembly 2020 Candidate Name: Robert Rivas State Assembly Person District 30 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/14/2019	Payee Name: Eloise Reyes for Assembly 2020 Candidate Name: Eloise Reyes State Assembly Person District 47 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/14/2019	Payee Name: Autumn Burke for Assembly 2020 Candidate Name: Autumn Burke State Assembly Person District 62 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2019</u>		
through <u>03/31/2019</u>		Page <u>12</u> of <u>27</u>
NAME OF FILER EdVoice for the Kids PAC		I.D. NUMBER 1243091

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/14/2019	Payee Name: Andreas Borgeas for Senate 2022 Candidate Name: Andreas Borgeas State Senator District 08 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/4/2019	Payee Name: Jesse Gabriel for Assembly 2020 Candidate Name: Jesse Gabriel State Assembly Person District 22 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/27/2019	Payee Name: Hertzberg for State Controller 2022 Candidate Name: Robert Hertzberg State Controller Jurisdiction: Statewide	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/27/2019	Payee Name: Jay Obernolte for Assembly 2020 Candidate Name: Jay Obernolte State Assembly Person District 33 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2019

through 03/31/2019

**CALIFORNIA**  
**FORM 460**

Page 13 of 27

NAME OF FILER  
 EdVoice for the Kids PAC

I.D. NUMBER  
 1243091

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/27/2019	Payee Name: Laura Friedman for Assembly 2020 Candidate Name: Laura Friedman State Assembly Person District 43 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/27/2019	Payee Name: Henry Stern for Senate 2020 Candidate Name: Henry Stern State Senator District 27 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,200.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/27/2019	Payee Name: Henry Stern for Senate 2020 Candidate Name: Henry Stern State Senator District 27 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$300.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/14/2019	Payee Name: Kiley for Senate 2019 Candidate Name: Kevin Kiley State Senator District 1 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$700.00	\$2,700.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2019		
through 03/31/2019		Page 14 of 27
NAME OF FILER EdVoice for the Kids PAC		I.D. NUMBER 1243091

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/14/2019	Payee Name: Bill Dodd for Senate 2020 Candidate Name: Bill Dodd State Senator District 03 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/21/2019	Payee Name: Wendy Carillo for Assembly 2020 Candidate Name: Wendy Carillo State Assembly Person District 51 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/26/2019	California Jewish Legislative Caucus Leadership PAC State GP Committee	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/26/2019	Payee Name: Citizens for a Better California a ballot measure committee sponsored by Senator Steve Glazer Candidate Name: Citizens for a Better California GP Candidate Controlled BM Jurisdiction: Steve Glazer, SD 07	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$5,000.00	\$5,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>				\$34,200.00		

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2019 through 03/31/2019	<b>CALIFORNIA FORM 460</b>
Page 15 of 27	
I.D. NUMBER 1243091	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
EdVoice for the Kids PAC

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO			\$912.55
Kiley for Senate 2019 Sacramento, CA 95833	CTB			\$2,000.00
Committee ID: 1415163 Muratsuchi for Assembly 2020 Sacramento, CA 95814	CTB			\$1,000.00
Committee ID: 1415052				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$48,480.11
2. Unitemized payments made this period of under \$100. ....	\$50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$48,530.11

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2019		
through 03/31/2019		Page 16 of 27
NAME OF FILER EdVoice for the Kids PAC		I.D. NUMBER 1243091

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Buffy Wicks for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1415745				
Mike McGuire for State Senate 2022 Sacramento, CA 95814	CTB			\$1,000.00
Committee ID: 1414279				
Berman for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414419				
Limon for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414193				
Wilk for Senate 2020 San Diego, CA 92119	CTB			\$2,000.00
Committee ID: 1392822				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2019		
through 03/31/2019		Page 17 of 27
NAME OF FILER EdVoice for the Kids PAC		I.D. NUMBER 1243091

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Glazer for Senate 2020 Orinda, CA 94563	CTB			\$1,500.00
Committee ID: 1393610				
Robert Rivas for Assembly 2020 Sacramento, CA 95814	CTB			\$1,000.00
Committee ID: 1414711				
Eloise Reyes for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414836				
Autumn Burke for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414347				
Andreas Borgeas for Senate 2022 Fresno, CA 93710	CTB			\$1,500.00
Committee ID: 1414823				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2019		
through 03/31/2019		Page 18 of 27
NAME OF FILER EdVoice for the Kids PAC		I.D. NUMBER 1243091

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jesse Gabriel for Assembly 2020 Sacramento, CA 95814	CTB			\$1,000.00
Committee ID: 1414962				
Hertzberg for State Controller 2022 Sacramento, CA 95814	CTB			\$1,000.00
Committee ID: 1413987				
Jay Obernolte for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414881				
Laura Friedman for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414465				
Henry Stern for Senate 2020 Sacramento, CA 95814	CTB			\$1,200.00
Committee ID: 1392385				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2019		
through 03/31/2019		Page 19 of 27
NAME OF FILER EdVoice for the Kids PAC		I.D. NUMBER 1243091

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Henry Stern for Senate 2020 Sacramento, CA 95814	CTB			\$300.00
Committee ID: 1392385 Kiley for Senate 2019 Sacramento, CA 95833	CTB			\$700.00
Committee ID: 1415163 Bill Dodd for Senate 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1392482 Wendy Carillo for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414497 Project Applecart, LLC New York, NY 10018	POL			\$5,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2019		
through 03/31/2019		Page 20 of 27
NAME OF FILER EdVoice for the Kids PAC		I.D. NUMBER 1243091

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO			\$1,482.06
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO			\$1,885.50
Rally Campaigns San Francisco, CA 94102	CNS			\$5,000.00
California Jewish Legislative Caucus Leadership PAC Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1360000 Citizens for a Better California a ballot measure committee sponsored by Senator Steve Glazer Orinda, CA 94563	CTB			\$5,000.00
Committee ID: 1404127				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$48,480.11

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 01/01/2019  
through 03/31/2019

CALIFORNIA  
FORM 460

Page 21 of 27

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
EdVoice for the Kids PAC

I.D. NUMBER  
1243091

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO	\$912.55	\$0.00	\$912.55	\$0.00
Rally Campaigns San Francisco, CA 94102	CNS	\$5,000.00	\$0.00	\$5,000.00	\$0.00
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO	\$0.00	\$790.50	\$0.00	\$790.50

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## SUBTOTALS

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$7,705.09
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$5,912.55
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$1,792.54  
May be a negative number.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 01/01/2019  
through 03/31/2019

CALIFORNIA  
FORM 460

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NAME OF FILER  
EdVoice for the Kids PAC

I.D. NUMBER  
1243091

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
EdVoice, Inc. Sacramento, CA 95814	OFC, SAL, PRO, MTG Reimbursement of January Expenses	\$0.00	\$1,939.15	\$0.00	\$1,939.15
EdVoice, Inc. Sacramento, CA 95814	OFC, SAL, PRO, MTG Reimbursement of February Expenses	\$0.00	\$2,487.72	\$0.00	\$2,487.72
EdVoice, Inc. Sacramento, CA 95814	OFC, SAL, PRO, MTG Reimbursement of March Expenses	\$0.00	\$2,487.72	\$0.00	\$2,487.72
<b>SUBTOTALS</b>		\$5,912.55	\$7,705.09	\$5,912.55	\$7,705.09

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 01/01/2019  
through 03/31/2019

CALIFORNIA  
FORM **460**

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1243091

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\***

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period from 01/01/2019 through 03/31/2019	<b>CALIFORNIA FORM 460</b>
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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.			<b>SUBTOTALS</b>					

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET** .....  
(Enter the net here and on the Summary Page, Column A, Line 7.)

\*\* If Required



# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 25 of 27

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
2/14/2019	Sadler Strategic Media, Inc. Studio City, CA 91604	Refund of Media	\$2,492.50

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$2,492.50

### Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$2,492.50
2. Unitemized increases to cash under \$100 this period. ....	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	<b>TOTAL</b> \$2,492.50

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Memo Reference: INC1458  
All Purpose Account

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Memo Reference: INC1459  
Restricted Use Account

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Memo Reference: INC1464  
All Purpose Account

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Memo Reference: INC1461  
All Purpose Account

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Memo Reference: INC1462  
All Purpose Account

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Memo Reference: INC1463  
All Purpose Account

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Memo Reference: INC1465  
Restricted Use Account

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Memo Reference: INC1466  
All Purpose Account

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